

STATE OF MICHIGAN



JOHN ENGLER, Governor

**FAMILY INDEPENDENCE AGENCY**

235 S GRAND AVE, PO BOX 30037, LANSING MI 48909

DOUGLAS E. HOWARD, Director

Division on Deafness  
Commission on Disability Concerns  
320 N. Washington Square, Ste. 250  
P.O. Box 30659  
Lansing, MI 48909  
517-334-8000 T/V  
517-334-6637 Fax  
877-499-6232 T/V Toll-free  
[www.mfia.state.mi.us/mcdc/dod.htm](http://www.mfia.state.mi.us/mcdc/dod.htm)

QUALITY ASSURANCE WRITTEN EXAMINATION

PROCTOR FORM

You may have the written examination sent to the proctor of our choice or may take the examination at the Division on Deafness office with an appointment. The proctor may be a supervisor, librarian, pastor or teacher.

Please send my written examination to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

Send this completed form with the application to:

MIRID/QA  
P.O. Box 12083  
Lansing, MI 48901-2083

REMEMBER: You must successfully complete the written examination before you can take the performance portion of the QA Test.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

Please put me on the 24 hour notice list.    YES    NO

